




Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4576

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
 EPA Region 5 Records Ctr. 371768			1500 YD	WPC
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-1-85</u>		EPA IDENTIFICATION CODE NO. <u>UNIDENTIFIED</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>300 W. BROADWAY RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45404</u>	PHONE <u>292-1361</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KUMER</u>		Phone <u>292-1361</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAWYER</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MIKE MARTIN</u>		Date Received <u>7-1-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYTON RD</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9901</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH A. GILLOT</u>		Date <u>7-1-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 84584

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align:center"><i>N.A.</i></div> IN CASE OF EMERGENCY, NOTIFY: <div style="text-align:center"><i>N.A.</i></div>				NET WT. _____ TRAILER NO. TRACTOR NO.	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
<i>7-4-85 4</i>		<i>7</i>	<i>200 GAL DRUM</i>	<i>Acid</i>	
<i>7-5-85 3</i>					
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>7-5-85</i>		EPA IDENTIFICATION CODE NO. <i>OH0045827761</i>	
COMPANY NAME <i>DELCO MORAIN</i>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <i>3100 NEEDHAM RD</i>		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP <i>45424</i> PHONE <i>237-1365</i>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>T. N. RAYMOND</i>		Print Name <i>THOMAS N. RAYMOND</i>		Phone <i>237-1365</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SAFARI</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name <i>MR. MARTIN</i>		Date Received <i>7-5-85</i>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON DUMP</i>		STATE I.D. NO. _____			
ADDRESS <i>1975 DAYTON RD</i>		CITY <i>DAYTON</i>		STATE <i>OHIO</i> ZIP <i>45439</i> PHONE <i>299-9991</i>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 811334

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Bu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-9-85</u>	EPA IDENTIFICATION CODE NO. <u>1407-000001</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>300 N. KENNA RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>293-1200</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS W. KENNEDY</u>	Phone <u>293-1200</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>LANCER</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MICHAEL MARTIN</u>	Date Received <u>7-9-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>975 DAYTON RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8001</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNETH GALL</u>	Date <u>7-9-85</u>	



ENVIRONMENTAL MANIFEST

NO. 04509

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <u>M.H.</u> IN CASE OF EMERGENCY, NOTIFY: <u>M.H.</u>				NET WT. _____	
				TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-11-85</u>		EPA IDENTIFICATION CODE NO. <u>04605557041</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3000 Delco Rd</u>		CITY <u>Warren</u>		ZIP <u>48091</u> PHONE <u>237-1265</u>	
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Thomas A. Kasper</u>		Phone <u>237-1265</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>South Dayton Dump</u>		STATE I.D. CODE _____		JOB I.D. NO. _____	
ADDRESS _____		CITY _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>Ms. Martin</u>		Date Received <u>7-11-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		JOB NO. _____	
ADDRESS <u>175 Dayton Rd</u>		CITY <u>Dayton</u>		ZIP <u>45439</u> PHONE <u>206 0001</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>Kenneth A. Gullett</u>		Date <u>7-11-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84594

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu. yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-13-85</u>		EPA IDENTIFICATION CODE NO. <u>ORD 0455176</u>
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1866</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>		DATE <u>7-13-85</u> Phone _____
TRANSPORTER <u>[Signature]</u>		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-13-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 S. DRYDEN</u>		JOB NO. _____		
CITY <u>DAYTON,</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Fillet</u>		Print Name <u>KENNETH FILLET</u>		Date <u>7-13-85</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000007

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-14-85</u>		EPA IDENTIFICATION CODE NO. <u>DAD 01000786</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>500 NEEDMORE ROAD</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>2571365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>John Jackson</u>		Print Name <u>John Jackson</u>		Date <u>7-14-85</u> Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7/14/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1475 S. DRIDEN ROAD</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Paul H. Smith</u>		Print Name _____		Date <u>7-14-85</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04602

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	20 Cu. Yd.	DIST. FLOW PAPER
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-15-85</u>	EPA IDENTIFICATION CODE NO. <u>04D095387766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 ALFREDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANDOL</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MR. MARTIN</u>	Date Received <u>7-15-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>Ruth Schurz</u>	Date <u>7-15-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **59603**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION:			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N/A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N/A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-15-85</u>	EPA IDENTIFICATION CODE NO. <u>04004555700</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 ALBEMARLE RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS M. HANCOCK</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MARK MARTIN</u>	Date Received <u>7-15-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1915 DUNDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8841</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILLLOT</u>	Date <u>7-15-85</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04009

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Gallon	Waste	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-17-85</u>		EPA IDENTIFICATION CODE NO. <u>14D00435-7746</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45474</u> PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. Kowalski</u>		Print Name <u>THOMAS N. KOWALSKI</u>		Phone <u>237-1225</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-17-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>292-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth G. Elliot</u>		Print Name <u>KENNETH G. ELLIOT</u>		Date <u>7-17-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 89613

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	200 gal	Waste	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-18-85</u>		EPA IDENTIFICATION CODE NO. <u>DLCO1555T76</u>	
COMPANY NAME <u>DELCO MORAINES DIV OF GM</u>		STATE I.D. NO. _____			
ADDRESS <u>200 NEEDMORE ROAD</u>		PURCHASE ORDER _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>237-1234</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>Jack Johnson</u>		Date <u>7-18-85</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>Same</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>Mel Martin</u>		Date Received <u>7/18/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 S. SPYDEN ROAD</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name _____		Date <u>7-18-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 80217

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		2	55 Gallon	Waste	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-19-95</u>		EPA IDENTIFICATION CODE NO. <u>OH0045537766</u>	
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDHAMPS RD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>237-1365</u>	
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>					
Signature <u>A. J. Kline</u>		Print Name <u>THOMAS A. KLINE</u>		Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>					
Signature <u>M. E. ...</u>		Print Name <u>M. E. ...</u>		Date Received <u>7-19-95</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		ADDRESS <u>1975 DAVEN RD.</u>		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>200-8801</u>	
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>					
Signature <u>K. G. ...</u>		Print Name _____		Date <u>7-19-95</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84617

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-20-95</u>		EPA IDENTIFICATION CODE NO. <u>OHDC00057111</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 MERRIMACK RD.</u>		CITY <u>DAYTON</u>		ZIP <u>45424</u> PHONE <u>237 1368</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KAMMER</u>		Phone <u>237 1368</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SRMPC</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		ZIP _____ PHONE _____			
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MARIE MARTIN</u>		Date Received <u>7-20-95</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYTON RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		ZIP <u>45439</u> PHONE <u>292-8891</u>			
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KENNETH GILLLOT</u>		Date <u>7-20-95</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04674

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION <u>AAA</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>AAA</u>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
		<u>2</u>	<u>15 Bu YD</u>	<u>AAA</u>			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>7-21-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDC4552714</u>			
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____					
ADDRESS <u>3100 NEEDMORE RD</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KAMICK</u>		Phone <u>237-1365</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature <u>[Signature]</u>		Print Name <u>MIC MARTIN</u>		Date Received <u>7-21-85</u>			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____					
ADDRESS <u>1975 DAYTON RD</u>		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-9041</u>				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature <u>[Signature]</u>		Print Name _____		Date <u>7-21-85</u>			



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. E 9021

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	75 Gal. YD.	WASTE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-22-85</u>	EPA IDENTIFICATION CODE NO. <u>CAD0055578-6</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 WILKINSON RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45479</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. Kowalski</u>		Print Name <u>THOMAS M. KOWALSKI</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>7-22-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>297-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Gullett</u>		Print Name <u>KENNETH GULLETT</u>	Date <u>7-22-85</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

NO. 54624☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N/A				
IN CASE OF EMERGENCY, NOTIFY: _____				
N/A				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu Yd	
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-23-85</u>	EPA IDENTIFICATION CODE NO. <u>CHD0A555716</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Farrow</u>		Print Name <u>THOMAS N. FARROW</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. L. Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>7-23-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Thigbult</u>		Print Name <u>KENNETH THIGBULT</u>	Date <u>7-23-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04629

EMERGENCY INFORMATION			SCALE INFORMATION																																				
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>																																				
IN CASE OF EMERGENCY, NOTIFY: _____																																							
<p align="center">SHIPPING INFORMATION</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>D.O.T. SHIPPING DESCRIPTION</th> <th>HAZARD CLASS</th> <th>QUANTITY</th> <th>CONTAINER TYPE</th> <th>MATERIAL DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td align="center">1</td> <td align="center">15 CU. YD.</td> <td align="center">WOOD</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			1	15 CU. YD.	WOOD																									
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION																																			
		1	15 CU. YD.	WOOD																																			
<p align="center">MATERIAL DISPOSITION</p> <p> <input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____ </p>																																							
<p>ADDITIONAL INFORMATION: _____</p>																																							
<p align="center">CERTIFICATION</p>																																							
GENERATOR		DATE SHIPPED <u>7-29-85</u>	EPA IDENTIFICATION CODE NO. <u>040095557M</u>																																				
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____																																					
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____																																					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>																																				
<p>This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.</p>																																							
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KLUCK</u>	Phone <u>237-1365</u>																																				
TRANSPORTER		EPA IDENTIFICATION NO. _____																																					
COMPANY <u>SAME</u>		STATE I.D. CODE _____																																					
ADDRESS _____		JOB I.D. NO. _____																																					
CITY _____	STATE _____	ZIP _____	PHONE _____																																				
<p>This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.</p>																																							
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>7-29-85</u>																																				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____																																					
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____																																					
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____																																					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>202-8891</u>																																				
<p>This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.</p>																																							
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILL</u>	Date <u>7-24-85</u>																																				

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **84631**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N/A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N/A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-25-85</u>	EPA IDENTIFICATION CODE NO. <u>07D001355704</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAWONE</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MIKE MARTIN</u>	Date Received <u>7-25-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DAYTON RD</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>297-8941</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH A. GRILLI</u>	Date <u>7-25-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84634

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-26-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDD045387741</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1363</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KHARRK</u>	Phone <u>237-1363</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MICHAEL MARTIN</u>	Date Received <u>7-26-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8091</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name _____	Date <u>7-26-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54639

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		3	15 Cu Yd	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-28-85</u>	EPA IDENTIFICATION CODE NO. <u>OH064555711</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45420</u>	PHONE <u>237-1345</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAVORE</u>	Phone <u>237-1345</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>MIKE MARTIN</u>	Date Received <u>7-28-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 89641

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Bu. Yr	
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7-29-85</u>	EPA IDENTIFICATION CODE NO. <u>OH060557166</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMARK RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45474</u>	PHONE <u>237-1305</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. W. KILSON</u>		Print Name <u>THOMAS A. KANDOR</u>	Phone <u>237-1305</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. J. Mante</u>		Print Name <u>MICHAEL MARTIAL</u>	Date Received <u>7-29-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>200-8901</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth G. Hill</u>		Print Name <u>KENNETH G. HILL</u>	Date <u>7-29-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84646

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>Wood</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7-31-85</u>		EPA IDENTIFICATION CODE NO. <u>04000007360</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>237-1244</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANOK</u>		Phone <u>237-1244</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>7-31-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. <u>42</u>			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KENNETH H. GRIFFIN</u>		Date <u>7-31-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04649

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
A.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
A.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu. yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7/11/85</u>		EPA IDENTIFICATION CODE NO. <u>OH004655716</u>
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>2237</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>		Date _____
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Martin</u>		Print Name <u>MELVIN MARTIN</u>		Date Received <u>8/1/85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 S. DRYDEN</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Annell H. Grillo</u>		Print Name <u>ANNELL H. GRILLO</u>		Date <u>8-1-85</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04050

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.A.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
2		1	15 cu. yd.	Wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>7/11/85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO-H-000001</u>	
COMPANY NAME <u>Delco Moraine Div of GM</u>		STATE I.D. NO. _____		
ADDRESS <u>300 NEEDHAM ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>297-1845</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack Jackson</u>		Print Name <u>Jack Jackson</u>	Phone <u>297-1845</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Melvin Martin</u>		Print Name <u>MELVIN MARTIN</u>	Date Received <u>8/13/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON NMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 S DRYDEN ROAD</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>291-8911</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Gullett</u>		Print Name _____	Date <u>8-3-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 01659

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>8-5-85</u> EPA IDENTIFICATION CODE NO. <u>OHDO09555746</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____
ADDRESS <u>3100 WILLOW RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KILMAN Print Name THOMAS N. KILMAN Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Jim K... Print Name LIMORANGE Date Received 8-5-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>297-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth G. R... Print Name KENNETH G. R... Date 8-5-85



ENVIRONMENTAL MANIFEST

NO. 04647

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu. yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☐ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED Aug 2, 1985 EPA IDENTIFICATION CODE NO. 000045557766

COMPANY NAME Delco Moraine Div of GM STATE I.D. NO. _____

ADDRESS 3007 NEEDMORE ROAD PURCHASE ORDER _____

CITY DAYTON STATE OHIO ZIP 45424 PHONE 737-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name Walter Watson Phone 314-8-6-85

TRANSPORTER EPA IDENTIFICATION NO. _____

COMPANY Same STATE I.D. CODE _____

ADDRESS _____ JOB I.D. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name Jim Dwyer Date Received _____

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____

ADDRESS 1975 S. DAYTON ROAD JOB NO. _____

CITY DAYTON STATE OHIO ZIP 45439 PHONE 799-8391

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name Kenneth G. R. L. L. Date Aug 6, 1985



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 17562

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15' Tank	1000L
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>1/1/81</u>	EPA IDENTIFICATION CODE NO. <u>DM 2871</u>	
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>297-1111</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>John A. Johnson</u>	Phone <u>297-1111</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>John A. Johnson</u>	Date Received <u>1/1/81</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1375 E. DRYDEN ROAD</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>297-1111</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>John A. Johnson</u>	Date <u>1/1/81</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34667

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N/A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N/A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 CU. YD.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-8-85</u>	EPA IDENTIFICATION CODE NO. <u>OHID09533766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>2100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANICK</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>LINK ORANGE</u>	Date Received <u>8-8-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DANDRELL RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH M. GILLIS</u>	Date <u>8-8-85</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09669

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu. yds.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8/31/85</u>	EPA IDENTIFICATION CODE NO. <u>OHDC45507106</u>	
COMPANY NAME <u>DELCO MORAINES DIV OF GM</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1265</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>WAGIL JACKSON</u>	Date <u>8/31/85</u>	Phone _____
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>LINIL ORANGE</u>	Date Received <u>8/31/85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1375 S. DRYDEN RD</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8897</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNETH GALT</u>	Date <u>8-9-85</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04673

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
B-11 85 - 3		4	15 G. YD.	Fill	
B-12 85 - 1					
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>B-12-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. H. KANOR</u>		Print Name <u>THOMAS A. KANOR</u>		Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mike Orange</u>		Print Name <u>MIKE ORANGE</u>		Date Received <u>6-12-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1975 DRYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-9991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth G. Rillot</u>		Print Name <u>KENNETH G. RILLOT</u>		Date <u>9-12-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04674

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<i>N.A.</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<i>M.E.</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu. yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☐ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7/12/85</u>	EPA IDENTIFICATION CODE NO. <u>OH00425576</u>	
COMPANY NAME <u>Delco Moraine Div. of GM</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>227-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>John J. [unclear]</u>	Phone <u>8/12/85</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>LINDEN ORANGE</u>	Date Received <u>8/12/85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1475 TRYDEN ROAD</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>249-8841</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNETH GALLER</u>	Date <u>8/12/85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34677

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	SPR WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-13-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDHAM RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANORE</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MARK ORANGE</u>	Date Received <u>8-13-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45430</u>	PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILLOT</u>	Date <u>8-13-85</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04682

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 8-16-85 EPA IDENTIFICATION CODE NO. 040095557766
 COMPANY NAME DELCO MORaine STATE I.D. NO. _____
 ADDRESS 3100 AIRFORD RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 737-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANDEL Phone 737-1365

TRANSPORTER EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name LINK ORANGE Date Received 8-15-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DAYTON RD JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 290-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILLET Date 8-15-85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84485

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>10 Gal. to.</u>	<u>Waste</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-16-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0 045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. A. KANORE</u>		Print Name <u>THOMAS A. KANORE</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Link Orange</u>		Print Name <u>LINK ORANGE</u>		Date Received <u>8-16-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>202-9991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>8-16-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84687

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
N.H.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.H.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-17-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDC45557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDHAM RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1315</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KIMMEL</u>		Print Name <u>THOMAS M. KIMMEL</u>	Phone <u>237-1315</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Frank [unclear]</u>		Print Name <u>FRANK ORANGE</u>	Date Received <u>8-17-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>202 8941</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth G. Elliot</u>		Print Name <u>KENNETH G. ELLIOT</u>	Date <u>8-17-85</u>	



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84689

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		4	15 Cu. Yd.	Fill

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>8-18-85</u>	EPA IDENTIFICATION CODE NO. <u>OH004555776L</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>A. N. KAWON</u>	Print Name <u>THOMAS N. KAWON</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name <u>ANK ORANGE</u>	Date Received <u>8-18-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 24693

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: N/A

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	wood

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 8-20-85 EPA IDENTIFICATION CODE NO. 04D045557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature THOMAS N. RANDOLPH Print Name THOMAS N. RANDOLPH Phone 737-1365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SPMP STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 8-20-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8991

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature KENNETH GRILL Print Name KENNETH GRILL Date 8-20-85

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 57696

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: <u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION:

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>8-21-85</u>	EPA IDENTIFICATION CODE NO. <u>040042657766</u>		
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____			
ADDRESS <u>3100 N. WINDYBARK RD</u>	PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>257-1365</u>	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KAUKE Phone 257-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEC MARTIN Date Received 8-21-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DAYTON RD</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45404</u> PHONE <u>299-8541</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILL Date 8-21-85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84700

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>FILL</u>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 8-22-85 EPA IDENTIFICATION CODE NO. CYLD 045557164

COMPANY NAME Delco Moraine STATE I.D. NO. _____

ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____

CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KAUKE Phone 237-1365

TRANSPORTER EPA IDENTIFICATION NO. _____

COMPANY SMF STATE I.D. CODE _____

ADDRESS _____ JOB I.D. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEI MARTIN Date Received 8-22-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____

ADDRESS 1975 DAYTON RD. JOB NO. _____

CITY DAYTON STATE OHIO ZIP 45430 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILL Date 8-22-85



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34704

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu.Yd	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☐ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 8-23-85 EPA IDENTIFICATION CODE NO. OHAD045507700
COMPANY NAME DELCO MORAINES STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45437 PHONE 257-1265

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS A. KNUCK Phone 257-1265

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAPAC STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MIKE MARINI Date Received 8-23-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1175 DAYTON RD JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45437 PHONE 264-8841

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH BRILL Date 8-23-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24707

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 GALL. D.</u>	<u>V/COOL</u>

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 8-24-85 EPA IDENTIFICATION CODE NO. 04D0255577616
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. N. KRAMER Print Name THOMAS H. KRAMER Phone 237-1365

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. J. ... Print Name MEL MARTIN Date Received 8-24-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DAYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 202-8801

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth ... Print Name KENNETH ... Date 8-28-85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54709

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		3	15 Cu. Yd.	Fill
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-25-85</u>	EPA IDENTIFICATION CODE NO. <u>04DD4557746</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS AL. KAWORE</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFIF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>MEL MARTIN</u>	Date Received <u>8-25-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>887-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 4711

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Bu. YD.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-26-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDOA5557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. NALON</u>		Print Name <u>THOMAS N. NALON</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SCARF</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>8-26-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DEYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>KEVIN TH GRILL</u>		Print Name <u>KEVIN TH GRILL</u>		Date <u>8-26-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 74719

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	5 Gal. Dr.	Acid
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-27-85</u>	EPA IDENTIFICATION CODE NO. <u>04D 045557716</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 HEDENCOFF RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>737-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANORR</u>	Phone <u>737-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MIKE MARTIN</u>	Date Received <u>8-27-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DEYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILLE</u>	Date <u>8-27-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 23718

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.H.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>W/wood</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>8-28-85</u>	EPA IDENTIFICATION CODE NO. <u>040095557706</u>	
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>THOMAS N. KANORR</u>		Print Name <u>THOMAS N. KANORR</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVING</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>WILLIAM L. MARTIN</u>		Print Name <u>WILLIAM L. MARTIN</u>	Date Received <u>8-28-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>209-8391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>KENNETH H. GRUBBS</u>		Print Name <u>KENNETH H. GRUBBS</u>	Date <u>8-28-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 24725

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 GAL. YD	WASTE
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-3-85</u>	EPA IDENTIFICATION CODE NO. <u>LAND09555776</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>737-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANON</u>		Print Name <u>THOMAS N. KANON</u>	Phone <u>737-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>9-3-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-9891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Gullet</u>		Print Name <u>KENNETH GULLEY</u>	Date <u>9-3-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 84729

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. yd.	Scrap wood
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-9-85</u>	EPA IDENTIFICATION CODE NO. <u>199104537711</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>2100 Macedonia Rd</u>		PURCHASE ORDER _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45421</u>	PHONE <u>237-1115</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>Jack Jackson</u>	Date <u>9-9-85</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>M. J. Martin</u>	Date Received <u>9-9-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>South Dayton Dump</u>		STATE I.D. NO. _____		
ADDRESS <u>2015 Dayton Rd</u>		JOB NO. _____		
CITY <u>Dayton</u>	STATE <u>Ohio</u>	ZIP <u>45439</u>	PHONE <u>299-8291</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>REX H. HERRICK</u>	Date <u>9-9-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09132

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 m. gal.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>9-5-85</u>	EPA IDENTIFICATION CODE NO. <u>OND04555776</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>227-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack Jackson</u>		Print Name <u>Jack Jackson</u>	Date _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. Martin</u>		Print Name <u>MR MARTIN</u>	Date Received <u>9/5/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 S. DAYDEN</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth E. Rillito</u>		Print Name <u>KENNETH E. RILLITO</u>	Date <u>9-5-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 000000

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. TRACTOR NO.
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-7-85</u>	EPA IDENTIFICATION CODE NO. <u>6400 4355 776</u>	
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 ALKUMBER RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45420</u>	PHONE <u>737-365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS R. CHADLER Phone 737-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____	
ADDRESS _____	JOB I.D. NO. _____	
CITY _____	STATE _____	ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MICHAEL MARRIN Date Received 9-7-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____	
ADDRESS <u>1475 DEVEREN RD.</u>	JOB NO. _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>292-8991</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH G. KELLY Date 9-7-85

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54740

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-style: italic;">N.H.</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-style: italic;">N.H.</div>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
		4	15 GAL. DR.	FILL			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>9-8-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>				
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____					
ADDRESS <u>3100 BREEDMORE RD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>THOMAS M. LANCER</u>	Phone <u>237-1365</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature _____		Print Name <u>MEL MARTINI</u>	Date Received <u>9-8-85</u>				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____					
ADDRESS <u>1975 DUNDEN RD.</u>		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **04747**

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center;">N.H.</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center;">N.H.</div>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
		1	15 B.V.	WOOD			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>10-9-85</u>		EPA IDENTIFICATION CODE NO. <u>040 09553 1111</u>			
COMPANY NAME <u>SCOTT DAVEN DUMP</u>		STATE I.D. NO. _____					
ADDRESS <u>1075 DAVEN RD.</u>		PURCHASE ORDER _____					
CITY <u>DAVEN</u>	STATE <u>OHIO</u>	ZIP <u>43001</u>	PHONE <u>209-1365</u>				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KIMBLE</u>		Phone <u>209-1365</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>[Signature]</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-9-85</u>			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SCOTT DAVEN DUMP</u>		STATE I.D. NO. _____					
ADDRESS <u>1075 DAVEN RD.</u>		JOB NO. _____					
CITY <u>DAVEN</u>	STATE <u>OHIO</u>	ZIP <u>43001</u>	PHONE <u>209-9891</u>				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature <u>[Signature]</u>		Print Name <u>KENNETH E. WILSON</u>		Date <u>10-9-85</u>			

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 7 7 7 7 7

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 gal. drum	W.OIL

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION	
GENERATOR	DATE SHIPPED _____ EPA IDENTIFICATION CODE NO. _____
COMPANY NAME	STATE I.D. NO. _____
ADDRESS	PURCHASE ORDER _____
CITY	STATE _____ ZIP _____ PHONE _____
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature _____	Print Name _____ Phone _____
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY	STATE I.D. CODE _____
ADDRESS	JOB I.D. NO. _____
CITY	STATE _____ ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature _____	Print Name _____ Date Received _____
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY	STATE I.D. NO. _____
ADDRESS	JOB NO. _____
CITY	STATE _____ ZIP _____ PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature _____	Print Name _____ Date _____



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 14720

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: _____

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
			CO. 72	USED

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☐ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED _____ EPA IDENTIFICATION CODE NO. 001-90-1-10
COMPANY NAME Delco Moraine STATE I.D. NO. _____
ADDRESS 200 NEEDHAM ROAD PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 223-8891

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Jack Jackson Print Name Jack Jackson Phone 412/85

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
COMPANY Same STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 9/12/85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1415 S. BENDYDEN ROAD JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 223-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grullot Print Name KENNETH GRULLOT Date 9/12-85

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 09702

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu yd.	ACG

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-15-84</u>	EPA IDENTIFICATION CODE NO. <u>1110000000</u>	
COMPANY NAME <u>Delco Moraine Corp</u>	STATE I.D. NO. _____		
ADDRESS <u>5000 NEWMORE ROAD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45417</u>	PHONE <u>513-233-1100</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>Jack L. Martin</u>	Phone <u>9-15-84</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAFARI</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>AL. MARTIN</u>	Date Received <u>9/15/84</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1915 S. DRYDEN</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>513-854-1100</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KEVIN J. GAILLOT</u>	Date <u>9-13-84</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 1 7 0 0 0 0

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>7-1-85</u>	EPA IDENTIFICATION CODE NO. <u>OHIO 45557160</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>	STATE I.D. NO. _____		
ADDRESS <u>2100 NEEDMORE ROAD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1366</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>Jack Jackson</u>	Print Name <u>JACK JACKSON</u>	Date <u>9-14-85</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>Martin</u>	Print Name <u>MELVIN MARTIN</u>	Date Received <u>9-14-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 S. FORDWAY DRYDEN</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE _____
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>Kenneth Grillo</u>	Print Name <u>KENNETH GRILLO</u>	Date <u>9-14-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 44774

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	5 gal. pail	oil

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>4-19-85</u>	EPA IDENTIFICATION CODE NO. <u>016-000000</u>		
COMPANY NAME <u>DELCO MORAINES INC.</u>	STATE I.D. NO. _____			
ADDRESS <u>1475 S. DRYDEN ROAD</u>	PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature _____	Print Name <u>Mike Vukobrat</u>	Phone <u>246-4415</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY _____	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name <u>Del Moraine</u>	Date Received <u>4/19/85</u>		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>DAYTON DUMP</u>	STATE I.D. NO. _____			
ADDRESS <u>1475 S. DRYDEN ROAD</u>	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>246-889</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date <u>9/14/85</u>		



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 04703

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		43	15 in. yds.	Flt.

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 9-15-85 EPA IDENTIFICATION CODE NO. OHIO 045557/166
COMPANY NAME DELCO MORaine DIV OF GM STATE I.D. NO. _____
ADDRESS 2100 NEEDMORE ROAD PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1366

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Jack Jackson Print Name JACK JACKSON Date 9-15-85

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY Same STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 9/15/85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1775 S. DRYDEN ROAD JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8841

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 74767

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 bbls	Acid

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR _____ DATE SHIPPED 11-16-85 EPA IDENTIFICATION CODE NO. OHDC05557A
COMPANY NAME Delco Moraine STATE I.D. NO. _____
ADDRESS 2100 WILSON AVE. Cuy. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45416 PHONE 223-1268

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature Thomas A. Kasper Print Name THOMAS A. KASPER Phone 223-1268

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
COMPANY Line STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 11-16-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45437 PHONE 229-9001

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillot Print Name KENNETH GRILLOT Date 11-16-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24763

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.H.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.H.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	Fill

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-17-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDC4585577-6</u>	
COMPANY NAME <u>DELCO MORAINES</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 ARLINGDALE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS H. KADOLE Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name PAUL MARTIN Date Received 9-17-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1915 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>294-8971</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KEVIN J. GILL Date 9-17-85



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 09767

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: N.H.

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 CL. YD.	Fill

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 6-18-85 EPA IDENTIFICATION CODE NO. 000095557H
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 McARDER RD PURCHASE ORDER _____
CITY DARTON STATE GA ZIP 30904 PHONE 237-1245

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. J. K. G. O. V. Print Name THOMAS H. K. G. O. V. Phone 237-1245

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. L. M. E. T. U. Print Name M. L. M. E. T. U. Date Received 6-18-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DARTON JUMP STATE I.D. NO. _____
ADDRESS 1475 DARTON RD JOB NO. _____
CITY DARTON STATE GA ZIP 30904 PHONE 200-8641

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth G. G. L. L. D. Print Name KENNETH G. G. L. L. D. Date 6-18-85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☐ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. TRACTOR NO.
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		53		

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-19-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDO1555776</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 WILKINSON RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANDER Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>[Signature]</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MIC MARTIN Date Received 9-19-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILLOT Date 9-19-85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84773

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Gal. Yo.</u>	<u>Wood</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR	DATE SHIPPED <u>11 26 85</u>	EPA IDENTIFICATION CODE NO. <u>CHD045537744</u>
COMPANY NAME <u>Delco Moraine</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 AIRBORNE RD</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>253-1111</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name Thomas J. Quinn Phone 253-1111

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>[Signature]</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name Mark Martin Date Received 11 26 85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>South Dayton Dump</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYTON RD</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>253-8111</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KEVIN R. H. [Signature] Date 11-26-85



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **24776**

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY: _____

N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd	Fill

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☐ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 4/21/85 EPA IDENTIFICATION CODE NO. 310001776
COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
ADDRESS 5100 WILSON RD PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237 1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS W. FARRER Phone 237 1365

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
COMPANY same STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEI MARTIN Date Received 4/21/85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1475 DAYTON RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237 1365

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KEVIN W. FARRELL Date 4/21/85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84778

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>4</u>	<u>15 Cu. Yd.</u>	<u>Fill</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>4-27-85</u>	EPA IDENTIFICATION CODE NO. <u>046045557116</u>		
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>5100 WILSON RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45430</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>	Print Name <u>THOMAS A. KIRBY</u>	Phone <u>237-1365</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAHAR</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name <u>MEI PHETAU</u>	Date Received <u>4-27-85</u>		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04760

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 G. HD</u>	<u>WASTE</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR	DATE SHIPPED <u>9-23-85</u>	EPA IDENTIFICATION CODE NO. <u>CH068557000</u>
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMONE RD</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u> PHONE <u>237-1360</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature THOMAS A. KAMMER Print Name THOMAS A. KAMMER Phone 237-1360

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 9-23-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature KENNETH GRILLOT Print Name KENNETH GRILLOT Date 9-23-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **84786**

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
			15 60.70	Oil

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-25-85</u>	EPA IDENTIFICATION CODE NO. <u>011000555766</u>	
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS AL KANOVE</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>9-25-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DRUM</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNETH GRILL</u>	Date <u>9-25-85</u>	



ENVIRONMENTAL MANIFEST

NO. 84790☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Gallons</u>	<u>Oil</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>9-26-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDC04557366</u>		
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OH</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>	Print Name <u>THOMAS H. GAVRE</u>	Phone <u>237-1365</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>	Print Name <u>MAC MARTIN</u>	Date Received <u>9-26-85</u>		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>292-8341</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>	Print Name <u>KENNETH GRILL</u>	Date <u>9-26-85</u>		

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. E4773

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Gal. Yd	Acid

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>4-27-85</u>	EPA IDENTIFICATION CODE NO. <u>UNDPSLS7M</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____	
ADDRESS <u>3100 WARDMAN RD</u>		PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>737 1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>TERESA N. KRODIE</u>	Phone <u>737 1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MIKE MATHIAS</u>	Date Received <u>4-27-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1775 DAYTON RD</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>292-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNETH GRILLI</u>	Date <u>4-27-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 89796

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 cu. yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION:					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>7/25/85</u>		EPA IDENTIFICATION CODE NO. <u>LDIAG557101</u>	
COMPANY NAME <u>DELCO MORAINES DIV OF GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE ROAD</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP _____ PHONE _____	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>PAUL WICKMAN</u>		Phone <u>9-21-35</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u> </u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>DEL MARTIN</u>		Date Received <u>7/28/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1175 S. DRYDEN ROAD</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45429</u> PHONE <u>299-1891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILL</u>		Date <u>7-28-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84773

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>3</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION:

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>9-29-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDO4SS57766</u>		
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____			
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1265</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>	Print Name <u>THOMAS N. KANDER</u>	Phone <u>237-1365</u>		
TRANSPORTER	EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>	STATE I.D. CODE _____			
ADDRESS _____	JOB I.D. NO. _____			
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____	Print Name <u>MEI MARTIN</u>	Date Received <u>9-29-85</u>		
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____			
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>291-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____	Print Name _____	Date _____		

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 24860

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Bu. Yr.	41030

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>9-30-85</u>	EPA IDENTIFICATION CODE NO. <u>OH10095557H</u>	
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____		PURCHASE ORDER _____
ADDRESS <u>3100 NEEDMORE RD.</u>	CITY <u>DAYTON</u> STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>237-1345</u>		
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS M. KANDER</u>	Phone <u>237-1345</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SARGE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>9-30-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNETH E. R. LLO</u>	Date <u>9-30-85</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 111111

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 2em;">N/A</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 1.5em;">N/A</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	530 Yd	GROB
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: 				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-1-85</u>		EPA IDENTIFICATION CODE NO. <u>OH004555774</u>
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1245</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA: Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS M. KANDOR</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MIC MARTIN</u>		Date Received <u>10-1-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KEVIN E. HERRILL</u>		Date <u>10-1-85</u>



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54805

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>					
IN CASE OF EMERGENCY, NOTIFY: _____					
<u>N.A.</u>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-1-85</u>		EPA IDENTIFICATION CODE NO. <u>04D045557764</u>	
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE RD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45474</u> PHONE <u>237-1305</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>T. N. KANORE</u>		Print Name <u>THOMAS N. KANORE</u>		Phone <u>237-1305</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name <u>L. ORANGE</u>		Date Received <u>10-1-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45434</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **34303**

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<i>N/A.</i>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<i>N/A.</i>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<i>2</i>	<i>15 cu. yd.</i>	<i>FILL</i>

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED *10-2-85* EPA IDENTIFICATION CODE NO. *OHDCASS57766*
 COMPANY NAME *DELCO MORaine* STATE I.D. NO. _____
 ADDRESS *3100 NEEDMORE RD.* PURCHASE ORDER _____
 CITY *DAYTON* STATE *OHIO* ZIP *45424* PHONE *237-1365*

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature *T. N. KANDOR* Print Name *THOMAS N. KANDOR* Phone *237-1365*

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
 COMPANY *SAME* STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name *K. ORANGE* Date Received *10-2-85*

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY *SOUTH DAYTON DUMP* STATE I.D. NO. _____
 ADDRESS *1975 DAYDEN RD.* JOB NO. _____
 CITY *DAYTON* STATE *OHIO* ZIP *45439* PHONE *299-8891*

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 24509

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
-----------------------------	--------------	----------	----------------	----------------------

1

15 Cu. Yd.

WOOD

MATERIAL DISPOSITION

☐ RECLAMATION

☐ INCINERATION

☒ LANDFILL

☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 10-2-85 EPA IDENTIFICATION CODE NO. 240092574

COMPANY NAME DELCO MORAIN STATE I.D. NO. _____

ADDRESS 500 NEEDMORE RD. PURCHASE ORDER _____

CITY DAYTON STATE OHIO ZIP 45424 PHONE 277-9366

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS A. KILPATRICK Phone 277-9366

TRANSPORTER

EPA IDENTIFICATION NO. _____

COMPANY SANM STATE I.D. CODE _____

ADDRESS _____ JOB I.D. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MICHAEL MURPHY Date Received 10-2-85

TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO. _____

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____

ADDRESS 1475 DAYTON RD. JOB NO. _____

CITY DAYTON STATE OHIO ZIP 45424 PHONE 277-9371

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH C. GILBERT Date 10-2-85

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 24812

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd</u>	<u>Fill</u>

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 10-3-85 EPA IDENTIFICATION CODE NO. OHID0015557761
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1265

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS A. KANDER Phone 237-1265

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAINT STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name KIM ORANGE Date Received 10-3-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1475 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8841

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 00013

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <u>N.H.</u> IN CASE OF EMERGENCY, NOTIFY: <u>N.H.</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu yd</u>	
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-3-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NERDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KALON</u>		Print Name <u>THOMAS M. KALON</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. L. MARTIN</u>		Print Name <u>MICHAEL MARTIN</u>		Date Received <u>10-3-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth E. Rillot</u>		Print Name <u>KENNETH E. RILLOT</u>		Date <u>10-3-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

NO. 37816

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align:center"><i>N/A</i></div>				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align:center"><i>N/A</i></div>					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
			<i>15 Cu. Yd.</i>	<i>Fill</i>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <i>10-4-85</i>		EPA IDENTIFICATION CODE NO. <i>OHDD05557766</i>	
COMPANY NAME <i>DELCO MORaine</i>				STATE I.D. NO. _____	
ADDRESS <i>3100 NEEDHAM RD</i>				PURCHASE ORDER _____	
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP <i>45424</i> PHONE <i>237-1265</i>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <i>[Signature]</i>		Print Name <i>THOMAS M KIMORE</i>		Phone <i>237-1265</i>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <i>SHINE</i>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name <i>MARK ORANGE</i>		Date Received <i>10-4-85</i>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <i>SOUTH DAYTON DUMP</i>		STATE I.D. NO. _____			
ADDRESS <i>1475 DRYDEN RD</i>		JOB NO. _____			
CITY <i>DAYTON</i>		STATE <i>OHIO</i>		ZIP <i>45427</i> PHONE <i>299-8391</i>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 000017

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 drums	Oil

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>10-4-85</u>	EPA IDENTIFICATION CODE NO. <u>040 04555 776E</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45414</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS M. KANORE</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>10-4-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1475 DAVEN RD</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8991</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNIE TRILLER</u>	Date <u>10-4-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34020

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <u>N.A.</u> IN CASE OF EMERGENCY, NOTIFY: <u>N.A.</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 G. YD.</u>	<u>FILL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-5-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDO95557768</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 N. WINDSOR RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. A. KAHN</u>		Print Name <u>THOMAS A. KAHN</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>KINK ORANGE</u>		Date Received <u>10-5-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DEYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04821

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>1500 YD.</u>	<u>blond</u>

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☐ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 10-5-85 EPA IDENTIFICATION CODE NO. 04500055
 COMPANY NAME South Dayton Moraine STATE I.D. NO. _____
 ADDRESS 5100 HERSHMAN RD PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 297-1311

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS M. KAVOUE Phone 297-1311

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
 COMPANY same STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 10-5-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DEVEREN RD JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 294-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KERIMATI GRILL Date 10-5-85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24873

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		6	15 GAL. DR.	THC
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-6-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDD0552746</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>5100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS M. KAYORE</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SANME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>MARTIN AND ORANGE</u>	Date Received <u>10-6-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-6891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 000005

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N/A	
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 G.D.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>10-7-85</u>	EPA IDENTIFICATION CODE NO. <u>UNIDOL555THW</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>200 HERDMORE RD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. LANCER</u>	Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>		Print Name <u>MIKE MINOTTA</u>	Date Received <u>10-7-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1775 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>202-8641</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>		Print Name <u>KENNETH C. RILLOT</u>	Date <u>10-7-85</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14827

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
			<u>15 Cu Yd</u>	<u>Fill</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR	DATE SHIPPED <u>10-7-85</u>	EPA IDENTIFICATION CODE NO. <u>OHID 045557741</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45414</u> PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. Korman Print Name THOMAS N. KORMAN Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAVE</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name KIM O'NEILL Date Received 10-7-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYTON RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45434</u> PHONE <u>294-8091</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04830

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>3</u>	<u>15 GALL. YD.</u>	<u>FIL</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR DATE SHIPPED 10-8-85 EPA IDENTIFICATION CODE NO. OH0045557766
COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45474 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. M. KAMM Print Name THOMAS M. KAMM Phone 237-1365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name LINK ORANGE Date Received 10-8-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DAVEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8971

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☐ WASTE ☐ RECLAIMABLE MATL.

NO. 24637

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Gallons	Motor Oil

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR	DATE SHIPPED <u>10-8-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>737-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KAMM Phone 737-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 10-8-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DAYTON RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45420</u> PHONE <u>292-8841</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILL Date 10-8-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **84834**

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<div style="text-align: center; font-size: 1.5em;">N.H.</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<div style="text-align: center; font-size: 1.5em;">N.H.</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	Fill
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-4-85</u>		EPA IDENTIFICATION CODE NO. <u>040045557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KILLOW</u>		Print Name <u>THOMAS N. KILLOW</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SANIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>LINK ORANGE</u>		Date Received <u>10-9-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1075 DOUDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>209-6881</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24035

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Bu. Dr.	Waste
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-9-85</u>		EPA IDENTIFICATION CODE NO. <u>OH001557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANOR</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEI MARTIN</u>		Date Received <u>10-9-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 ZANDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-9801</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILLOT</u>		Date <u>10-7-85</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **34837**

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		3	15 Cu. YD.	Fill	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>10-10-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. N. KIMM</u>		Print Name <u>THOMAS A. KIMM</u>		Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name <u>LINK ORANGE</u>		Date Received <u>10-10-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1915 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84840

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>Fill</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>10-11-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0 045557760</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature J. M. KANON Print Name THOMAS A. KANON Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____
ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name L. ORANGE Date Received 10-11-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP <u>45424</u>	PHONE <u>880-8801</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 87843

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.H.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.H.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		3	15 Cu. YD.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 10-13-85 EPA IDENTIFICATION CODE NO. OH0045557766
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. M. KAMM Print Name THOMAS M. KAMM Phone 237-1365

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
 COMPANY SHANK STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name MEL MARTIN Date Received 10-13-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1475 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 294-8841

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4875

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>3</u>	<u>15 Cu. YD</u>	<u>FILL</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>10-14-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS N. KANOR Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____
ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name LINK ORANGE Date Received 10-14-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP <u>45439</u>	PHONE <u>299-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04849

EMERGENCY INFORMATION		SCALE INFORMATION		
IMMEDIATE RESPONSE INFORMATION		NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____		
<u>N/A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N/A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>3</u>	<u>15 Cu. Yd.</u>	<u>FILL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-15-85</u>		EPA IDENTIFICATION CODE NO. <u>04D045557700</u>
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANDOR</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>LINK ORANGE</u>		Date Received <u>10-15-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 JEFFERSON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84957

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	Fill
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-16-85</u>		EPA IDENTIFICATION CODE NO. <u>04D095557761</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANICK</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>LINK ORANGE</u>		Date Received <u>10/16/85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8841</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine
DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04852

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-16-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0015557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KANICK</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SPINE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>10-16-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAVEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILL</u>	Date <u>10-16-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84854

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		2	30 G. 70.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input checked="" type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-17-85</u>	EPA IDENTIFICATION CODE NO. <u>64004557161</u>	
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 KILDEMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>287-1366</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KENNER</u>		Print Name <u>THOMAS M. KENNER</u>	Phone <u>287-1366</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. E. MARTIN</u>		Print Name <u>MICHAEL MARTIN</u>	Date Received <u>10-17-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 LAWRENCE RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>297-9841</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Brubaker</u>		Print Name <u>Kenneth Brubaker</u>	Date <u>10-17-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34055

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-16-85</u>	EPA IDENTIFICATION CODE NO. <u>OH D0455774</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KAMORR</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEI MARTIN</u>	Date Received <u>10-16-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAVDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-8391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENIE TRIGRILL</u>	Date <u>10-18-85</u>	



DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54960

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <u>N.A.</u> IN CASE OF EMERGENCY, NOTIFY: <u>N.A.</u>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>Fill</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-18-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0095557106</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45474</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. RANDRE</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature _____		Print Name <u>ORANGE</u>		Date Received <u>10-18-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAVEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____		Date _____

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84862

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center;">N.A.</div>			NET WT. _____ TRAILER NO. TRACTOR NO.				
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center;">N.A.</div>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
		1	20 cu. yd.	WOOD			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION:							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>10-19-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557166</u>				
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____					
ADDRESS <u>2100 NEEDMORE ROAD</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>	DATE <u>10/19/85</u> Phone _____				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>Same</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature <u>Martin</u>		Print Name <u>MELVIN MARTIN</u>	Date Received <u>10-19-85</u>				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____					
ADDRESS <u>1975 S. DAYTON DRYDEN ROAD</u>		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>299-8391</u>				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature <u>Kenneth Grillet</u>		Print Name <u>KENNETH GRILLET</u>	Date <u>10/19/85</u>				



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24865

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

N.A.

IN CASE OF EMERGENCY, NOTIFY:

N.A.

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<i>3</i>	<i>15 Cu. YD.</i>	<i>Fill</i>

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 10-14-85 EPA IDENTIFICATION CODE NO. OH0045557766
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS A. KAWORR Phone 237-1365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SPANE STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name LINK ORANGE Date Received 10-14-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DAVEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8991

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84866

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A.</u>	
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION

GENERATOR	DATE SHIPPED <u>10-21-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDO95557766</u>
COMPANY NAME <u>DELCO MORAINE</u>	STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____	
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KAUORR Print Name THOMAS N. KAUORR Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 10-21-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>297-8391</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth E. Elliot Print Name KENNETH ELLIOT Date 10-21-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84870

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>	
<p style="text-align: center; font-size: 1.5em;">N.H.</p>				
<p>IN CASE OF EMERGENCY, NOTIFY: _____</p>				
<p style="text-align: center; font-size: 1.5em;">N.H.</p>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-22-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDC45557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANOR</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAVE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-22-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE <u>244-8841</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH GULLOT</u>		Date <u>10-22-85</u>

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04875

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<div style="text-align: center; font-size: 2em;">N/A.</div>				
<div style="text-align: center; font-size: 2em;">N/A.</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<div style="text-align: center; font-weight: bold;">SHIPPING INFORMATION</div>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu YD	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-24-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDO95557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KHAICK</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SNWIE</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MINETTI</u>		Date Received <u>10-24-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>175 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-3891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETHA GILL</u>		Date <u>10-24-85</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4879

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.H.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.H.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>700 G. YD.</u>	<u>SEPA</u>
				<u>WOODS</u>

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 10-25-85 EPA IDENTIFICATION CODE NO. CHD 04033 7746
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 3100 KIRKWOOD RD PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1361

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS M. KNUCKE Phone 287-1361

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 10-25-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1925 DUNDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45434 PHONE 290-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KEVIN TH (TRU) OT Date 10-25-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84881

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	30 Cu. Yd	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 10-26-85 EPA IDENTIFICATION CODE NO. OH0045557766
 COMPANY NAME DELCO MORaine STATE I.D. NO. _____
 ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS H. KALORE Phone 237-1365

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTINI Date Received 10-26-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 175 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45429 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name HENNETH GRILL Date 10-26-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54882

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>5</u>	<u>15 Cu. Yd.</u>	<u>Fill</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>10-27-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. M. KANOR Print Name THOMAS M. KANOR Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature _____ Print Name MEL MARTIN Date Received 10-27-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-9801</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature _____ Print Name _____ Date _____



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **84888**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center;">N.A.</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center;">N.A.</div>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
			15 Cu. Yd	Fill
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-28-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDC05537140</u>
COMPANY NAME <u>DELCO MORAINES</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 LIFEWAY RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KIMORE</u>		Phone <u>237 1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-28-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH GRILLOT</u>		Date <u>10-29-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54884

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	30 GAL. DRUM	WASTE

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 12-28-85 EPA IDENTIFICATION CODE NO. OH004SSS77610
COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature THOMAS M. KAWOR Print Name THOMAS M. KAWOR Phone 237-1365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 12-28-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 294-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature KENNETH E. PILLOT Print Name KENNETH E. PILLOT Date 12-28-85

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34886

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>7</u>	<u>15 Cu. Yd.</u>	<u>Fill</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-29-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0003557740</u>	
COMPANY NAME <u>Delco Moraine</u>		STATE I.D. NO. _____		
ADDRESS <u>3000 NEEDMORE RD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. H. Korman</u>		Print Name <u>THOMAS H. KORMAN</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>Same</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL WHITMAN</u>	Date Received <u>10-29-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>175 DAVEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>291-9391</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillet</u>		Print Name <u>KENNETH GRILLET</u>	Date <u>10-29-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 14889

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N/A	
IN CASE OF EMERGENCY, NOTIFY: _____	
N/A	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	Fill

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>10-30-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 WEEPWOOD RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS N. KNUCK</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SPARIE</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MIC MARTIN</u>	Date Received <u>10-30-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>290-8991</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KENNETH GRILLOT</u>	Date <u>10-30-85</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 87890

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
N.A.				
IN CASE OF EMERGENCY, NOTIFY: _____				
N.H.				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	30 Cu. Yd.	W/OOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-30-85</u>		EPA IDENTIFICATION CODE NO. <u>OH10095557760</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS L. KANDKE</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>10-30-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1075 DUNDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45420</u>	PHONE <u>209-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH HILL</u>		Date <u>10-30-85</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 54893

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>30 Cu Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>10-31-85</u>	EPA IDENTIFICATION CODE NO. <u>OH085557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>737-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. W. KIRK</u>		Print Name <u>THOMAS N. KIRK</u>	Phone <u>737-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>PREL MARTIN</u>		Print Name <u>PREL MARTIN</u>	Date Received <u>10-31-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DUNDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>KENNETH KIRILLUT</u>		Print Name <u>KENNETH KIRILLUT</u>	Date <u>10-31-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4899

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

IN CASE OF EMERGENCY, NOTIFY: _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	30 G. YD.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL
INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 11-2-85 EPA IDENTIFICATION CODE NO. OHDC95557100
COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature M. KANDOL Print Name THOMAS A. KANDOL Phone 237-1365

TRANSPORTER EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 11-2-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 1975 LRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Field Print Name KENNETH FIELD Date 11-2-85

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24901

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		3	15 G. YD	FILL

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>11-3-85</u>	EPA IDENTIFICATION CODE NO. <u>OH2045557766</u>	
COMPANY NAME <u>DELCO MORAINIE</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS N. KANOR</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature _____	Print Name <u>MEL MARTIN</u>	Date Received <u>11-3-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date _____	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04902

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.H.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. YD.</u>	<u>FILL</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-4-85</u>	EPA IDENTIFICATION CODE NO. <u>04D0015557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 RIFEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. M. KAUKE</u>		Print Name <u>THOMAS M. KAUCKE</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. J. Martin</u>		Print Name <u>MICHAEL MARTIN</u>	Date Received <u>11-4-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>	Date <u>11-4-85</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4404

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
<div style="text-align: center; font-size: 2em;">N.A.</div>				
<div style="text-align: center; font-size: 2em;">N.A.</div>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<div style="text-align: center; font-weight: bold;">SHIPPING INFORMATION</div>				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	Fill
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION:				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-5-85</u>		EPA IDENTIFICATION CODE NO. <u>04D04555 7766</u>
COMPANY NAME <u>DELCO MORAINAIE</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAWORKE</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-5-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>899-8841</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH A. GILL</u>		Date <u>11-5-85</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4905

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-5-85</u>	EPA IDENTIFICATION CODE NO. <u>OH10045557166</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. Kowalski</u>		Print Name <u>THOMAS N. KOWALSKI</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SPARK</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>11-5-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth G. R. L. Lott</u>		Print Name <u>KENNETH G. R. L. LOTT</u>	Date <u>11-5-85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34413

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A</u>	
<u>N/A</u>	
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N/A</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>11-8-85</u>	EPA IDENTIFICATION CODE NO. <u>OH10045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS A. KAUORR Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____
ZIP _____	PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 11-8-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1475 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u>
ZIP <u>45439</u>	PHONE <u>299-8091</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH G. RULLOT Date 11-8-85



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 89417

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: <u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>20 Cu. Yds.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-9-85</u>	EPA IDENTIFICATION CODE NO. <u>OH10045557166</u>	
COMPANY NAME <u>DELCO MORAINES DIV OF GM</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1265</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack Jackson</u>		Print Name <u>JACK JACKSON</u>	DATE <u>11/9/85</u> Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MELVIN MARTIN</u>	Date Received <u>11/9/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 S. DAYDEN ROAD</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth G. Gillo</u>		Print Name <u>KENNETH GILLO</u>	Date <u>11/9/85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 00919

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		<u>3</u>	<u>20 cu. yd.</u>	<u>WOOD</u>	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-10-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0 045557766</u>	
COMPANY NAME <u>DELCO MORaine DIV OF GM</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDMORE ROAD</u>		CITY <u>DAYTON,</u>		STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>Jack Jackson</u>		Print Name <u>Jack Jackson</u>		Date <u>11/10/85</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MELVIN MARTIN</u>		Date Received <u>11/10/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 S. DRYDEN RD</u>		JOB NO. _____			
CITY <u>DAYTON,</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenell Droll</u>		Print Name _____		Date <u>11/12/85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84924

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____				
<u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-12-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDCAS557760</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAVONK</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MIKE MARTIN</u>		Date Received <u>11-12-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH H. GRUBOT</u>		Date <u>11-12-85</u>

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **74923**

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
IN CASE OF EMERGENCY, NOTIFY: _____	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
		9-10-11-31-5A-20		

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 11-12-85 EPA IDENTIFICATION CODE NO. 040045557766
 COMPANY NAME DELCO MORAIN STATE I.D. NO. _____
 ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS W. KANOR Phone 237-1365

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 11-13-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1475 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name Kenneth Hillot Date 11-13-85



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04932

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>11-15-85</u>	EPA IDENTIFICATION CODE NO. <u>04D045557AL0</u>	
COMPANY NAME <u>DELCO MORAINÉ</u>	STATE I.D. NO. _____		
ADDRESS <u>2100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>J. N. Kaulon</u>	Print Name <u>THOMAS N. KAULON</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>Mel Martini</u>	Print Name <u>MEL MARTINI</u>	Date Received <u>11-15-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>KEVIN E. FRILLAT</u>	Print Name <u>KEVIN E. FRILLAT</u>	Date <u>11-15-85</u>	

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **84433**

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center;"><i>ALH</i></div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center;"><i>ALH</i></div>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
		1	15 Gal. Yd.	Junk			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION: _____							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>11-16-85</u>		EPA IDENTIFICATION CODE NO. <u>04D095557766</u>			
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____					
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>T. M. KANOU</u>		Print Name <u>THOMAS M. KANOU</u>		Phone <u>237-1365</u>			
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SPARK</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11/16/85</u>			
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____					
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature <u>Ronald Buller</u>		Print Name <u>Ronald Buller</u>		Date <u>11/16/85</u>			



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4938

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-17-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		PURCHASE ORDER _____	
ADDRESS <u>3100 NEEDHAM RD.</u>		CITY <u>DAYTON</u>		STATE <u>OHIO</u> ZIP <u>45424</u> PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS N. KAWCER</u>		Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		STATE I.D. CODE _____	
COMPANY <u>SAME</u>		ADDRESS _____		JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature _____		Print Name <u>MICHAEL MARTIN</u>		Date Received <u>11-17-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		STATE I.D. NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>		ADDRESS <u>1475 DIVIDEN RD.</u>		JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature _____		Print Name _____		Date _____	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 74939

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	<p>NET WT. _____</p> <p>TRAILER NO. _____ TRACTOR NO. _____</p>
<u>N/A</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 11-18-85 EPA IDENTIFICATION CODE NO. OHDC4555766
 COMPANY NAME DELCO MORAINIE STATE I.D. NO. _____
 ADDRESS 3100 MEDIMORE RD. PURCHASE ORDER _____
 CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. N. KILGORE Print Name THOMAS N. KILGORE Phone 237-1365

TRANSPORTER EPA IDENTIFICATION NO. _____
 COMPANY SAME STATE I.D. CODE _____
 ADDRESS _____ JOB I.D. NO. _____
 CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature M. L. MARTIN Print Name M. L. MARTIN Date Received 11-18-85

TREATMENT/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. _____
 COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
 ADDRESS 1975 DRYDEN RD. JOB NO. _____
 CITY DAYTON STATE OHIO ZIP 45439 PHONE 299-9891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth H. Grillet Print Name KENNETH H. GRILLET Date 11-18-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84941

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. TRACTOR NO.
N.A.	
IN CASE OF EMERGENCY, NOTIFY: _____	
N.A.	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION
 ☐ INCINERATION
 ☒ LANDFILL
 ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>11-14-85</u>	EPA IDENTIFICATION CODE NO. <u>DHD 045557766</u>	
COMPANY NAME <u>DELCO MORaine</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS N. KANOR</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MEI MARTIN</u>	Date Received <u>11-19-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature <u>[Signature]</u>	Print Name <u>KEENE TRILLER</u>	Date <u>11-19-85</u>	



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24446

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 GAL. DR.	WASTE

MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____	

ADDITIONAL INFORMATION: _____

CERTIFICATION				
GENERATOR	DATE SHIPPED <u>11-21-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0 045557104</u>		
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 N. FUMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature THOMAS N. KANEV Print Name THOMAS N. KANEV Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 11-21-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8891</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth G. Elliot Print Name KENNETH G. ELLIOT Date 11-21-85



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 34952

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu YD.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>11-23-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>237-1305</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS H. KAWORK</u>		Phone <u>237-1305</u>	
TRANSPORTER				EPA IDENTIFICATION NO. _____	
COMPANY <u>SAME</u>				STATE I.D. CODE _____	
ADDRESS _____				JOB I.D. NO. _____	
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-23-85</u>	
TREATMENT/DISPOSAL FACILITY				EPA IDENTIFICATION CODE NO. _____	
COMPANY <u>SOUTH DAYTON DUMP</u>				STATE I.D. NO. _____	
ADDRESS <u>1475 DAYDEN RD.</u>				JOB NO. _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name <u>KENNETH G. LEE</u>		Date <u>11-23-85</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **B4956**

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>11-26-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. K...</u>		Print Name <u>THOMAS N. K...</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>11-26-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>290-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Grillo</u>		Print Name <u>KENNETH GRILLO</u>		Date <u>11-26-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04960

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A.</u>	
<u>N/A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N/A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____

ADDITIONAL INFORMATION: _____

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>11-27-85</u>	EPA IDENTIFICATION CODE NO. <u>04D045557766</u>	
COMPANY NAME <u>DELCO MORAIN</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature A. N. KENNEDY Print Name THOMAS N. KENNEDY Phone 237-1365

TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____	STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature Mel Martin Print Name MEL MARTIN Date Received 11-27-85

TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DAYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u>	STATE <u>OHIO</u> ZIP <u>45439</u> PHONE <u>299-8391</u>

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth Grillo Print Name KENNETH GRILLOT Date 11-27-85

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. **84967**

EMERGENCY INFORMATION			SCALE INFORMATION				
IMMEDIATE RESPONSE INFORMATION <div style="text-align: center; font-size: 2em;">N/A</div>			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____				
IN CASE OF EMERGENCY, NOTIFY: _____ <div style="text-align: center; font-size: 1.5em;">N/A</div>							
SHIPPING INFORMATION							
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION			
		1	15 Cu. Yd	WOOD			
MATERIAL DISPOSITION							
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____							
ADDITIONAL INFORMATION: _____ _____							
CERTIFICATION							
GENERATOR		DATE SHIPPED <u>12-4-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0095557766</u>				
COMPANY NAME <u>DELCO MORAINIE</u>		STATE I.D. NO. _____					
ADDRESS <u>3100 NEEDMORE RD</u>		PURCHASE ORDER _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45420</u>	PHONE <u>237-1365</u>				
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.							
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANICK</u>	Phone <u>237-1365</u>				
TRANSPORTER		EPA IDENTIFICATION NO. _____					
COMPANY <u>SAME</u>		STATE I.D. CODE _____					
ADDRESS _____		JOB I.D. NO. _____					
CITY _____	STATE _____	ZIP _____	PHONE _____				
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.							
Signature <u>[Signature]</u>		Print Name <u>L. ORANGE</u>	Date Received <u>12-4-85</u>				
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____					
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____					
ADDRESS <u>1475 DAVENPORT RD.</u>		JOB NO. _____					
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-9501</u>				
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.							
Signature _____		Print Name _____	Date _____				



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04969

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____ 					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		2	15 G. YD.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-5-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0045557166</u>	
COMPANY NAME <u>DELCO MORAIN</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>[Signature]</u>		Print Name <u>THOMAS M. KAUORE</u>		Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-5-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DAYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>[Signature]</u>		Print Name _____		Date <u>12/5/85</u>	

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24972

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
<u>N.H.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.H.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-6-85</u>	EPA IDENTIFICATION CODE NO. <u>OH0045557746</u>	
COMPANY NAME <u>DELCO MORAIN</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 HERMANS RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1362</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>J. J. KOWEN</u>		Print Name <u>THOMAS N. KAUKE</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>MEL MARTIN</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>12-6-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1475 DAYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45434</u>	PHONE <u>290-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature _____		Print Name _____	Date <u>12/7/85</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 24780

EMERGENCY INFORMATION

SCALE INFORMATION

IMMEDIATE RESPONSE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

IN CASE OF EMERGENCY, NOTIFY: _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 CU. YD.	WOOD

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR DATE SHIPPED 12-10-85 EPA IDENTIFICATION CODE NO. OHDO45557766

COMPANY NAME DELCO MORaine STATE I.D. NO. _____

ADDRESS 3100 NEEDMORE RD. PURCHASE ORDER _____

CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature T. M. KANON Print Name THOMAS M. KANON Phone 237-1365

TRANSPORTER

EPA IDENTIFICATION NO. _____

COMPANY SAME STATE I.D. CODE _____

ADDRESS _____ JOB I.D. NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature MEL MARTIN Print Name MEL MARTIN Date Received 12-10-85

TREATMENT/DISPOSAL FACILITY

EPA IDENTIFICATION CODE NO. _____

COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____

ADDRESS 1975 DRYDEN RD. JOB NO. _____

CITY DAYTON STATE OHIO ZIP 45439 PHONE 290-8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature Kenneth G. Gullet Print Name KENNETH G. GULLET Date 12-10-85



ENVIRONMENTAL MANIFEST

NO. 84983

DM 2871 REV 11/80

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 GAL. YD.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-11-85</u>	EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>	
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>T. N. KANOR</u>		Print Name <u>THOMAS N. KANOR</u>	Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>12-11-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth H. Grille</u>		Print Name <u>KENNETH H. GRILLE</u>	Date <u>12-11-85</u>	

WHITE-RETURN TO GENERATOR

CANARY-TSPF COPY

PINK-TRANSPORTER COPY

GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. B4986

EMERGENCY INFORMATION				SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION				NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____					
SHIPPING INFORMATION					
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION	
		1	15 Cu. Yd.	WOOD	
MATERIAL DISPOSITION					
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____					
ADDITIONAL INFORMATION: _____					
CERTIFICATION					
GENERATOR		DATE SHIPPED <u>12-12-85</u>		EPA IDENTIFICATION CODE NO. <u>OH0048557766</u>	
COMPANY NAME <u>DELCO MORAINES</u>				STATE I.D. NO. _____	
ADDRESS <u>3100 NEEDMORE RD.</u>				PURCHASE ORDER _____	
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45424</u> PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.					
Signature <u>J. N. Lawton</u>		Print Name <u>THOMAS N. KANORR</u>		Phone <u>237-1365</u>	
TRANSPORTER		EPA IDENTIFICATION NO. _____			
COMPANY <u>SAME</u>		STATE I.D. CODE _____			
ADDRESS _____		JOB I.D. NO. _____			
CITY _____		STATE _____		ZIP _____ PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.					
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-12-85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____			
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____			
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____			
CITY <u>DAYTON</u>		STATE <u>OHIO</u>		ZIP <u>45439</u> PHONE <u>299-8991</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.					
Signature <u>Kenneth Gillet</u>		Print Name <u>KENNETH GILLET</u>		Date <u>12-12-85</u>	



ENVIRONMENTAL MANIFEST

NO. 154993☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 cu. yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-14-85</u>	EPA IDENTIFICATION CODE NO. <u>OH-045337</u>	
COMPANY NAME <u>DELCO MORRINE DIV OF GM</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE ROAD</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Jack Jackson</u>		Print Name <u>Jack Jackson</u>	DATE <u>12/14/85</u> Phone _____	
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY _____		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>Mel Martin</u>		Print Name <u>MEL MARTIN</u>	Date Received <u>12/14/85</u>	
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN ROAD</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45437</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>K. Callahan</u>		Print Name _____	Date <u>12/14/85</u>	



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 84446

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. TRACTOR NO.	
<u>N.A.</u>				
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. YD.</u>	<u>WOOD</u>
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-16-85</u>		EPA IDENTIFICATION CODE NO. <u>04004555 7761</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>[Signature]</u>		Print Name <u>THOMAS A. KANORE</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SMITH</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>[Signature]</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-16-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DRYDEN RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45429</u>	PHONE <u>299-8891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>[Signature]</u>		Print Name <u>KENNETH E. RILLAT</u>		Date <u>12-16-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 04999

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N.A.</u>	
<u>N.A.</u>	
IN CASE OF EMERGENCY, NOTIFY: _____ <u>N.A.</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>1</u>	<u>15 Cu. Yd</u>	<u>WOOD</u>

MATERIAL DISPOSITION	
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:	

CERTIFICATION	
GENERATOR	DATE SHIPPED <u>12-17-85</u> EPA IDENTIFICATION CODE NO. <u>OH0045557766</u>
COMPANY NAME <u>DELCO MORAINIE</u>	STATE I.D. NO. _____
ADDRESS <u>3100 NEEDHAM RD.</u>	PURCHASE ORDER _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45424</u> PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.	
Signature <u>T.M. KANDOR</u>	Print Name <u>THOMAS M. KANDOR</u> Phone <u>237-1365</u>
TRANSPORTER	EPA IDENTIFICATION NO. _____
COMPANY <u>SAME</u>	STATE I.D. CODE _____
ADDRESS _____	JOB I.D. NO. _____
CITY _____ STATE _____	ZIP _____ PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.	
Signature <u>M. J. Martin</u>	Print Name <u>MEL MARTIN</u> Date Received <u>12-17-85</u>
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____
ADDRESS <u>1975 DRYDEN RD.</u>	JOB NO. _____
CITY <u>DAYTON</u> STATE <u>OHIO</u>	ZIP <u>45439</u> PHONE <u>299-8891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.	
Signature <u>Kenneth E. Grillo</u>	Print Name <u>KENNETH E. GRILLO</u> Date <u>12-17-85</u>



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 05001

EMERGENCY INFORMATION			SCALE INFORMATION	
IMMEDIATE RESPONSE INFORMATION			NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____	
IN CASE OF EMERGENCY, NOTIFY: _____				
SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		21	15 Cu. Yd.	WOOD
MATERIAL DISPOSITION				
<input type="checkbox"/> RECLAMATION <input type="checkbox"/> INCINERATION <input checked="" type="checkbox"/> LANDFILL <input type="checkbox"/> OTHER (Specify) _____				
ADDITIONAL INFORMATION: _____				
CERTIFICATION				
GENERATOR		DATE SHIPPED <u>12-19-85</u>		EPA IDENTIFICATION CODE NO. <u>OHDO45557766</u>
COMPANY NAME <u>DELCO MORaine</u>		STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDMORE RD.</u>		PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.				
Signature <u>Thomas M. K... ..</u>		Print Name <u>THOMAS M. K...</u>		Phone <u>237-1365</u>
TRANSPORTER		EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>		STATE I.D. CODE _____		
ADDRESS _____		JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____	
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.				
Signature <u>M. E. Martin</u>		Print Name <u>MEL MARTIN</u>		Date Received <u>12-19-85</u>
TREATMENT/DISPOSAL FACILITY		EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>		STATE I.D. NO. _____		
ADDRESS <u>1975 DAYTON RD.</u>		JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>244-0891</u>	
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.				
Signature <u>Kenneth Hill</u>		Print Name <u>KENNETH HILL</u>		Date <u>12-19-85</u>

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



Delco Moraine

DM 2871 REV 11/80

ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35004

EMERGENCY INFORMATION

IMMEDIATE RESPONSE INFORMATION

IN CASE OF EMERGENCY, NOTIFY: ALM

SCALE INFORMATION

NET WT. _____

TRAILER NO. _____ TRACTOR NO. _____

SHIPPING INFORMATION

D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		1	15 Bu Yr	WOODS

MATERIAL DISPOSITION

☐ RECLAMATION ☐ INCINERATION ☒ LANDFILL ☐ OTHER (Specify) _____

ADDITIONAL INFORMATION:

CERTIFICATION

GENERATOR _____ DATE SHIPPED 12-19-85 EPA IDENTIFICATION CODE NO. _____
COMPANY NAME DELCO MORaine STATE I.D. NO. _____
ADDRESS 3100 NEEDMERE RD PURCHASE ORDER _____
CITY DAYTON STATE OHIO ZIP 45424 PHONE 237-1365

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.

Signature [Signature] Print Name THOMAS A. KALICK Phone 237-1365

TRANSPORTER _____ EPA IDENTIFICATION NO. _____
COMPANY SAME STATE I.D. CODE _____
ADDRESS _____ JOB I.D. NO. _____
CITY _____ STATE _____ ZIP _____ PHONE _____

This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.

Signature [Signature] Print Name MEL MARTIN Date Received 12-19-85

TREATMENT/DISPOSAL FACILITY _____ EPA IDENTIFICATION CODE NO. _____
COMPANY SOUTH DAYTON DUMP STATE I.D. NO. _____
ADDRESS 175 DRYDEN RD. JOB NO. _____
CITY DAYTON STATE OHIO ZIP 45439 PHONE 294 8891

This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.

Signature [Signature] Print Name KENNETH GRILLIOT Date 12-19-85

WHITE-RETURN TO GENERATOR CANARY-TSPF COPY PINK-TRANSPORTER COPY GOLD-GENERATOR



ENVIRONMENTAL MANIFEST

☐ HAZARDOUS ☒ NON-HAZARDOUS ☒ WASTE ☐ RECLAIMABLE MATL.

NO. 35007

EMERGENCY INFORMATION	SCALE INFORMATION
IMMEDIATE RESPONSE INFORMATION	NET WT. _____ TRAILER NO. _____ TRACTOR NO. _____
<u>N/A</u>	
IN CASE OF EMERGENCY, NOTIFY: _____	
<u>N/A</u>	

SHIPPING INFORMATION				
D.O.T. SHIPPING DESCRIPTION	HAZARD CLASS	QUANTITY	CONTAINER TYPE	MATERIAL DESCRIPTION
		<u>2</u>	<u>15 Cu Yd</u>	<u>WOODS</u>

MATERIAL DISPOSITION			
<input type="checkbox"/> RECLAMATION	<input type="checkbox"/> INCINERATION	<input checked="" type="checkbox"/> LANDFILL	<input type="checkbox"/> OTHER (Specify) _____
ADDITIONAL INFORMATION:			

CERTIFICATION			
GENERATOR	DATE SHIPPED <u>12-20-85</u>	EPA IDENTIFICATION CODE NO. <u>04DC45557766</u>	
COMPANY NAME <u>DELCO MORRINE</u>	STATE I.D. NO. _____		
ADDRESS <u>3100 NEEDHAM RD</u>	PURCHASE ORDER _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45424</u>	PHONE <u>237-1365</u>
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA. Keep gold copy for your records.			
Signature <u>[Signature]</u>	Print Name <u>THOMAS N KRAVORE</u>	Phone <u>237-1365</u>	
TRANSPORTER	EPA IDENTIFICATION NO. _____		
COMPANY <u>SAME</u>	STATE I.D. CODE _____		
ADDRESS _____	JOB I.D. NO. _____		
CITY _____	STATE _____	ZIP _____	PHONE _____
This is to certify acceptance of the above materials for shipment. Keep pink copy for your records. Appropriate placards were offered.			
Signature <u>[Signature]</u>	Print Name <u>MEL MARTIN</u>	Date Received <u>12-20-85</u>	
TREATMENT/DISPOSAL FACILITY	EPA IDENTIFICATION CODE NO. _____		
COMPANY <u>SOUTH DAYTON DUMP</u>	STATE I.D. NO. _____		
ADDRESS <u>1975 LUDEN RD</u>	JOB NO. _____		
CITY <u>DAYTON</u>	STATE <u>OHIO</u>	ZIP <u>45439</u>	PHONE <u>294-6891</u>
This is to certify completion of treatment, storage, reclamation, or disposal in compliance with appropriate regulations. Keep canary copy for your records. Forward white copy to generator. Processing of your invoice will begin upon receipt of signed copy of this manifest.			
Signature _____	Print Name _____	Date <u>12/20/85</u>	